



MASSACHUSETTS

## Blue MedicareRx<sup>SM</sup> (PDP)



### 2014 Summary of Benefits Blue MedicareRx<sup>SM</sup> (PDP)

Employer Group Medicare Prescription Drug Plan  
with supplemental coverage

\$10 / \$20 / \$35



# Section I: Introduction

## Introduction to the Summary of Benefits for Your Blue MedicareRx Plan

For January 1, 2014 - December 31, 2014

Thank you for your interest in Blue MedicareRx. Blue MedicareRx includes standard Medicare Part D benefits supplemented with coverage provided by your former employer/union health plan. Blue MedicareRx is referred throughout this Summary of Benefits as “plan” or “this plan.”

This plan is offered by Blue Cross and Blue Shield of Massachusetts, Inc., a Medicare Prescription Drug Plan that contracts with the Federal government.

This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call us and ask for the "Evidence of Coverage."



## You Have Choices In Your Medicare Prescription Drug Coverage

You are being offered this plan as part of your former employer's retiree benefits. As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. You can choose from Blue MedicareRx offered by your former employer, or an Individual (non-group) Medicare Prescription Drug Plan. Another option is to get your prescription drug coverage through an Individual (non-group) Medicare Advantage Plan (MA) that offers prescription drug coverage. If you enroll in an Individual (non-group) plan, you may not be eligible to enroll in your employer's retiree plan in the future. Please contact your former employer's group administrator for information on eligibility requirements for your retiree plan.

## How Can I Compare My Options?

The chart in this booklet lists some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by this plan to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

## Where Is This Plan Available?

As a member of your former employer's retiree plan, you may enroll in this plan as long as you live in the United States.

## Who Is Eligible to Join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in a MA coordinated care (HMO or PPO) plan or a MA private fee-for-service (MA PFFS) plan that includes Medicare prescription drugs, you may not enroll in a prescription drug plan (PDP) unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service (PFFS) plan that does not provide Medicare prescription drug coverage or a MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

## Where Can I Get My Prescriptions?

This plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at <http://Groups.RxMedicarePlans.com>. Our Customer Care number is listed on the back cover of this booklet.

### What If My Doctor Prescribes Less Than a Month's Supply?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand and generic drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

### Does My Plan Cover Medicare Part B or Part D Drugs?

This plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies associated with the delivery of insulin that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

### What Is a Prescription Drug Formulary?

This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay

for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our website at **<http://Groups.RxMedicarePlans.com>**.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### What Should I Do If I Have Other Insurance in Addition to Medicare?

If you also have a Medigap (Medicare Supplement) plan through your former employer, your Medigap plan benefits will work with your Medicare Part D Plan. If you have an Individual (non-group) Medigap policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap Issuer will remove the prescription drug coverage portion from your Medigap policy. This will occur as of the effective date of your Medicare Prescription Drug Plan coverage. Your Issuer will adjust your premium. Call your Medigap Issuer for details.

### How Can I Get Extra Help With My Prescription Drug Plan Costs or Get Extra Help with Other Medicare Costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help



with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 1-877-486-2048, 24 hours a day, 7 days a week; and see <http://www.medicare.gov> “Programs for People with Limited Income and Resources” in the publication *Medicare & You*.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

### What Are My Protections in This Plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of this plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a

grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### What Is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Blue MedicareRx for more details.

## Section 2: Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Blue MedicareRx for details.

### **Prescription Drugs:** *Drugs covered under your Medicare Part D Prescription Drug Plan*

The benefits described below are offered by Blue MedicareRx, a standard Medicare Part D plan supplemented with benefits provided by your former employer.

Blue MedicareRx Plan		
Initial Coverage Level		<i>You pay the following until your total yearly drug costs reach \$2,850<sup>1</sup>:</i>
		<b>30-day supply</b> at a network <b>Retail</b> pharmacy
<b>Tier 1</b>	Generic Drugs	\$10
<b>Tier 2</b>	Preferred Brand Drugs	\$20
<b>Tier 3</b>	Non-Preferred Brand Drugs	\$35
		<b>90-day supply</b> at a network <b>Retail</b> pharmacy <sup>2</sup>
<b>Tier 1</b>	Generic Drugs	\$30
<b>Tier 2</b>	Preferred Brand Drugs	\$60
<b>Tier 3</b>	Non-Preferred Brand Drugs	\$105
Not all drugs on Tiers 1 and 2 are available at this extended day supply. Please contact the plan for more information.		
		<b>90-day supply</b> through network <b>Mail-Order</b> pharmacy
<b>Tier 1</b>	Generic Drugs	\$20
<b>Tier 2</b>	Preferred Brand Drugs	\$40
<b>Tier 3</b>	Non-Preferred Brand Drugs	\$70
Not all drugs on Tiers 1 and 2 are available at this extended day supply. Please contact the plan for more information.		



## Blue MedicareRx Plan

### Coverage Gap

*After your total yearly drug costs reach \$2,850, your former employer provides supplemental coverage that will keep your copayments and/or coinsurance as outlined above.*

*Your copayments and/or coinsurance will not change until you qualify for Catastrophic Coverage.*

### Catastrophic Coverage

*After your yearly out-of-pocket drug costs reach \$4,550:*

Generics (including brand drugs treated as generic)

\$2.55

All other drugs

\$6.35

<sup>1</sup>All covered drugs are on the Blue MedicareRx formulary/drug list.

<sup>2</sup>Available at retail pharmacies that have agreed to allow members to fill 90-day supplies of their prescriptions.

### General Information

In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.

Certain prescription drugs will have maximum quantity limits.

Your provider must get prior authorization from Blue MedicareRx for certain prescription drugs.

Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the plan's service area where there is no network pharmacy. Your copayment and/or coinsurance at out-of-network pharmacies is the same as at network pharmacies and depends on whether you purchase a Generic, Preferred Brand, Specialty or Non-Preferred Brand drug. However, if you go to an out-of-network pharmacy, you are responsible for the difference between the amount charged at the out-of-network pharmacy and what your plan would have paid at a network pharmacy.

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached year-to-date "total drug costs" of \$2,850 and are not already receiving "Extra Help."

If you have reached year-to-date "total drug costs" of \$2,850, your former employer provides supplemental coverage that will keep your copayments and/or coinsurance in the Coverage Gap the same as what you pay in the Initial Coverage Level. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs and move you through the Coverage Gap. The amount discounted by the manufacturer will count toward your out-of-pocket costs as if you had paid this amount. Your Explanation of Benefits (EOB) will show any discounted amount provided.

Once your out-of-pocket costs reach \$4,550, you will move to the Catastrophic phase and the Medicare Coverage Gap Discount Program will no longer be applicable.

If you have any questions about the availability of discounts for the drugs you are taking or about the Medicare Coverage Gap Discount Program in general, please contact Customer Care.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-543-4917. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-543-4917. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-543-4917。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-543-4917。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-543-4917. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-543-4917. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-543-4917 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-543-4917. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



## Multi-language Interpreter Services

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-543-4917 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-543-4917. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** سيل، يروف مخرجتم على لوصحلل. انيدل عيودال لودج وأ حصلاب قلعتت قلىسأ يأ نع ةباجإلل ةيناجملا يروفلا مخرجتملا تامدخ مدقن انن! ةيناجم ةمدخ هذه. كئددعاسمب ةيببرعلا ثدحتي ام صخش موقيسي. 1-888-543-4917 علىع انب لاصتالا ىوس كئيلع

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-543-4917 पर फोन करें. कोई व्यक्ति जो हन्दि बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

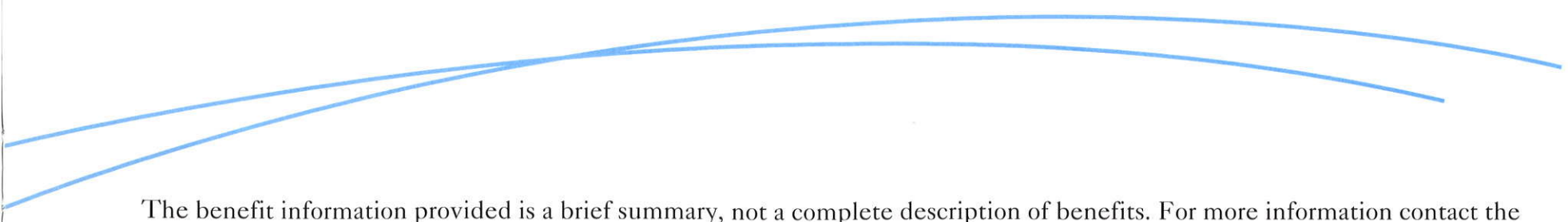
**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-543-4917. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-543-4917. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-543-4917. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-543-4917. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-543-4917 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

Please call Blue MedicareRx for more information about our plan.

Visit us at [Groups.RxMedicarePlans.com](https://www.Groups.RxMedicarePlans.com) or, call us:

#### Customer Care Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

24 hours a day

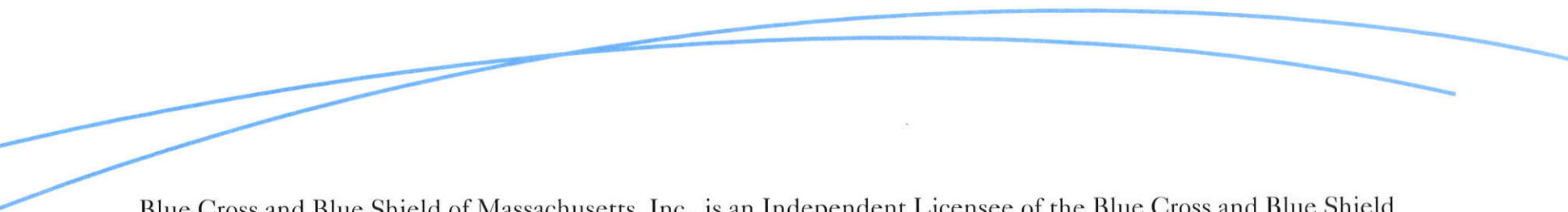
**Current members** should call toll-free **1-888-543-4917**. (TTY/TDD **1-866-236-1069**)

**Prospective Members**, please contact your benefits administrator.

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](https://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.





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